



500.011122.

## PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

YUJU SAKAEGI

Application No.: 08/579,739

Filed: December 28, 1995

For: COMPUTER PERIPHERAL APPARATUS WITH POWER SUPPLY CONTROL

) : Examiner: Vu, Ngoc Yen T  
): : Group Art Unit: 2612  
): :  
): :  
): :  
): :  
): :  
): : February 5, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED

FEB 17 2004

## Technology Center 2600

**AMENDMENT**

Sir:

In response to the Office Action dated September 5, 2003 (Paper No. 29),

the period for response to which having been extended to February 5, 2004 by the accompanying Petition For Extension Of Time with fee, please amend the above-identified application, as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

• February 5, 2004  
(Date of Deposit)

Michael K. O'Neill (Reg. No. 32,622)  
(Name of Attorney for Applicant)

Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_  
February 5, 2004



2612

In re Application of:

YUJU SAKAEGI

Application No.: 08/579,739

Filed: December 28, 1995

For: COMPUTER PERIPHERAL APPARATUS  
WITH POWER SUPPLY CONTROL

Docket No. 03500.011122.

Examiner: Vu, Ngoc Yen T.

Group Art Unit: 2612

Date: February 5, 2004

RECEIVED

FEB 17 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 21	MINUS	** 21	= 0	x \$9 \$18	.00
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$43 \$86	.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$\_\_\_\_\_ is enclosed.

Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ 420.00 to cover the fee for a two month extension is enclosed.

A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Michael J. Scifil  
Attorney for Applicant  
Registration No. 32622

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3800  
Facsimile: (212) 218-2200

CA\_MAIN 75655 v 1